

APR 9 2005
P. 01/03

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Vijay Seetharaman et al

Docket No.

JP920000317US1

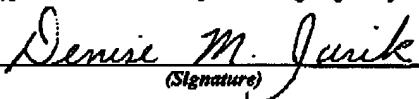
Serial No.
09/966,200Filing Date
09/27/2001Examiner
Cang G. ThaiGroup Art Unit
3629

Invention: "Isolating User Interface Design From Business Object Design Using Java Interface Concepts"

I hereby certify that this Auth. to Act in a Representative Capacity, Change of Corr. Add., Cert. of Facs.
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)on 04/07/2005
(Date)

Denise M. Jurik

(Typed or Printed Name of Person Signing Certificate)


(Signature)

Note: Each paper must have its own certificate of mailing.

APR 07 2005

Sample Form (03-04)

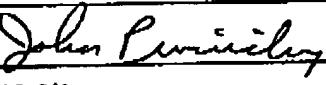
AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Vijay Seetharaman et al	
Application No. 09/966,200	
Filed: 09/27/2001	
Title: ISOLATING USER INTERFACE DESIGN FROM BUSINESS OBJECT DESIGN USING JAVA INTERFACE CONCEPTS	
Attorney Docket No. JP920000317US1	Art Unit: 3629

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Duke Yee Yee & Associates, P.C. 4100 Alpha Road, Suite 1100 Dallas, TX 75244 US	34285

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record			
Name	John R. Pivnichny		
Signature		Date	04/07/05
Registration Number	43,001	Telephone	607-429-4358

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.